



About the Ashburn Clinic

Introduction

The purpose of this booklet is to give you information about the functioning of the Ashburn Clinic and offers an overview of the philosophy and nature of the Ashburn experience. Reading this will help you gain an understanding of this therapeutic community and its processes.

❧ The Role of the Ashburn Clinic ❧

The Ashburn Clinic is licensed as a Psychiatric Hospital under the Hospitals Act 1957. The Ashburn Clinic is owned by the Ashburn Hall Charitable Trust.

In the wider context the Ashburn Clinic, formerly operating as Ashburn Hall, is the only fully functioning private psychiatric institution in the country. Since its inception in 1882, a part of the Ashburn Clinic's role has been to provide patients an alternative hospital to the state system. According to Judith Medicott's history of Ashburn Hall, Dr Edward Alexander and Mr James Hume established Ashburn Hall to provide a type of accommodation and treatment superior to that available in Government institutions. They saw it as important that patients had good recreational occupational activities, and designed the hospital accordingly.

Still today the design of the hospital and the grounds are integral to providing a therapeutic environment distinctly different to most other psychiatric institutions. Because of the continued development of the socialisation aspect of the hospital, patient involvement, responsibility and independence is increased compared to other available services.

The Ashburn Clinic provides a realistic option for patients who fail in the state system, who need residential psychotherapeutic treatment, a longer term residential environment, or who are attracted to our setting rather than the public alternative,

Increasingly the psychotherapeutic aspect of our treatment has become an important part of our national role. Psychotherapeutic treatment options in the state psychiatric services have decreased. The Ashburn Clinic's expertise in this area continues to grow. We have a role as a centre of psychotherapeutic learning and treatment.

The importance of the meaning of the word 'asylum' for some patients has recently been reaffirmed in the literature. The Ashburn Clinic has always had a role, with predominantly local patients, in providing asylum. In past decades, people who were chronically psychiatrically compromised were encouraged to stay in institutions in the belief that this afforded them a better quality of life. For some this is still true, and for many older patients leaving hospital is now not a real possibility. The Ashburn Clinic, therefore, continues to have a role in the provision of asylum, and in giving the chronically hospitalised the best quality of life possible.

It is sometimes difficult for patients to gain second opinions on their diagnosis and treatment. The Ashburn Clinic has a role in providing competent and up to date assessment and diagnosis.

Many nurses, doctors, psychotherapists and occupational therapists have completed part of their training at the Ashburn Clinic. There is still a clear role for the Ashburn Clinic in this area. The importance of this role increases as the Ashburn Clinic becomes one of the few places in the country working in this enlightened way. The aspect of alternatives and choice is as important in the training of professionals as it is for patients.

In summary, our role is to:

- provide an alternative treatment resource for the people of New Zealand through the continued development of our therapeutic environment, and skilled psychiatric treatment.
- take a lead in the application of psychotherapeutic principles as an integral part of psychiatric treatment.
- provide long term care and 'asylum' for some patients.
- give an opportunity to patients and professionals for a second opinion.
- act as a training resource for health professionals.

☞ The Ashburn Clinic Philosophy ☞

1) STATEMENT OF PURPOSE

Our work is dedicated to those who come to the Ashburn Clinic seeking to improve lives which have been diminished by impairment of the mind and spirit.

Our aim is to provide the highest possible standard of care within our respective disciplines.

We recognise the individuality of all who come here. Our approach is to the whole person, taking into account the significant others in their life and respecting cultural and spiritual dimensions.

We accept into our care those people we believe can be helped within our services. Our aim is to restore those who come here to their best possible quality of life.

2) STANDARDS

To achieve our purpose and fulfil our role, the management of the Ashburn Clinic will:

- a) Provide the necessary leadership and resources to create a community which ensures the well-being of both patients and staff.
- b) Foster an environment where change and growth can be accomplished through concerned people working together to help themselves and each other.
- c) Be committed to the therapeutic principles of modern psychiatric treatment, including psychotherapy, the value of community, open communication and interpersonal respect.
- d) Foster teaching and research by staff in order that the Ashburn Clinic participates in the advancement of knowledge in the psychotherapeutic and psychiatric fields.
- e) Expect staff to perform at a high level of skill within their profession. Provide resources for continuing education and expect that staff share a commitment to the therapeutic principles described above.

✧ The Therapeutic Community ✧

An institution and collection of staff and patients who work together to encourage the kind of atmosphere and relationships which foster intra and interpersonal learning.

The philosophy of the Therapeutic Community encompasses a non-authoritarian approach where necessary limits are set, and respect and mutuality between people are encouraged.

In the institution patients live together and form real relationships which provide the human warmth, support and understanding that is necessary for healing. The patient is likely to recreate in the community the same maladaptive behaviours and ways of relating that led to their admission. Through increasing a person's awareness of these, the community can stimulate change.

In living together and performing the necessary domestic and administrative tasks, a sense of belonging, safety and responsibility grows. The responsibility is both to the community and to the patient's self. Important aspects of caring for others and being cared for can be explored. Living together also means solving interpersonal difficulties and uncomfortable emotions about others, which are sometimes quite intense. Problem solving and conflict resolution are ongoing dynamic aspects of the community.

As a means of creating safety, a community must have rules. The limits set by these rules should be dealt with by the whole community, but at times the staff will have to take limit-setting action which will highlight the issue of authority, which is necessarily always present.

Ideally, as much of the running of the community and problem solving as possible should involve the patient group. Staff need to be content to help the community problem solve, rather than taking over with their own solutions.

The Therapeutic Community is never for staff gratification though it may be enjoyable to staff. The staff bring to the institution a body of knowledge and a capacity for human relationships which fertilise growth of the community and individuals. The staff group must have its own supportiveness and capacity for honest communications. There must be a capacity to understand their own relationships, and an ability to use themselves as therapeutic tools.

An Individual's Therapy at the Ashburn Clinic

(PART ONE)

Individual therapy at the Ashburn Clinic is comprised of many aspects. There is learning from the process of the community, learning from other patients, therapy in the various group settings, and formal individual psychotherapy.

In the community, a person discovers about themselves through social interaction, interpersonal engagement, housework, recreation, and sharing in decision-making about day to day running.

Within the Ashburn Clinic community there is a complex social structure. A person learns through experiencing the process of entering into this social structure, finding people with like interests and characteristics to form a social network, and dealing with people with whom the person does not feel comfortable. Having found a place and a network, a person then learns how to use this network, to work and play in a way that gives greater personal satisfaction.

As a person's social world forms, certain individual relationships become more important and intense. These relationships have multiple facets. They provide real and necessary relationship contacts, they may represent unfinished business from a person's past and they may be expressions of a person's current conscious emotional struggles.

The human relationships between people are of therapeutic value as they provide acceptance, affirmation of a person's individuality and an experience of involvement, trust and separation. Also in close relationships, a person can become aware of his or her impact on others, and can experience and perhaps resolve tensions that arise. As patterns of behaving towards others emerge or emotional turmoil is expressed in relationships, this becomes material that can be presented to help someone see themselves more clearly.

Housework in the Ashburn Clinic is a central focus of the community and also provides a medium where patterns can emerge. Work is an important measure of emotional health, it is also important for emotional well being. Work gives an opportunity to function normally, to co-operate with others, to take some individual responsibility, and also to express some responsibility to the group. A task achieved gives satisfaction and people can see some change as a direct result of their actions.

Time spent in recreation provides, like work, emphasis that important aspects of everyday life must continue. Individual and group recreation gives time for fun, joining in, an outlet for tensions, socialising and an opportunity to learn how to use spare time enjoyably. Restricting patterns can be identified and acknowledged with a person. Alternative ways can be considered and tried. There is real value in getting together with others to have fun.

Patients help in the day to day running of the hospital. Examples are the Community Team, Works Committee, Recreation Committee, and the chairmanship of the Community Forum. There is scope for people to influence how things are done. People gain from this in many ways including the experience of using authority, being accountable and finding a place for themselves relative to others.

(PART TWO)

Therapy in Groups

Each individual is part of the process as outlined in Part One, but additional opportunities are provided in specific group settings.

A person gains therapy in any group therapy setting by certain mechanisms common to all groups. Each group provides members a distinctive style to help understand themselves. Currently in the community there are nine individually prescribed groups; small psychotherapy groups, music group, art therapy, action methods, relaxation, alcohol and substance abuse group, education groups, healthy food awareness group and eating disorders group.

Some of the factors which are thought to have relevance to how people gain therapy in groups are: cohesiveness, interpersonal learning, self disclosure, emotional expression, commonality, helping others, reality testing, a theoretical framework, education and the giving of hope.

Cohesiveness is a term for the bonding of the group which is a central concept in group therapy. It implies all that is important in the powerful emotional experience for an individual in becoming and being part of a group, and separating from it. A person can feel accepted, and part of something important, where real, mutual and emotionally potent relationships are made.

In this climate, a person gains self knowledge by telling his own story and hearing others' response, by seeing himself in others and experiencing again emotions from old situations, but being able to rework these with others in a healing way. A person may also learn from the way others handle situations and emotions, and also be confronted by his own unhelpful characteristics.

Taking the risk to share previously private and protected ideas and feelings with a group, helps increase the bonding between members. The acceptance and empathy that a person usually gains from sharing can lead to further feelings of closeness, and encourage self exploration. Eventually a person can feel safe and understood enough to show vulnerability. Part of this may be the release of emotions, which brings relief and a further bonding, increasing a person's sense of not being alone.

When somebody becomes part of a group of people with similar problems, there is an immediate experience of having things in common. Knowing that you are not the only one with a problem eases shame and the burden of feeling isolated. Even if obvious commonalities are not apparent, with time in the group, similarities emerge.

In a group, a person can receive help from and give help to others. This experience fosters a sense of usefulness and personal effectiveness. Increased mutuality in this way encourages truthful relationships, from which new skills of listening to and hearing others can be learned. Assumptions from the past can therefore be tested and challenged.

As well as new personal information, factual information can also be given and received. A person may gain through education from therapists and other group members, which helps give new knowledge and allay misconceptions. The structure and culture of the group help a person make sense of his internal world. A predictable place, time and a firm theoretical belief give a foundation on which to build new self knowledge.

Therapy in groups at the Ashburn Clinic therefore provides a person potential for affecting change in many dimensions. The impetus to change is kept alive by the feeling of hope that a group provides. Through the process of the group a person experiences change in himself and is part of others joining the group, changing and leaving.

(PART THREE)

Individual Psychotherapy

In this section we propose to write about how we see individual psychotherapy functioning specially for a person in the context of the Ashburn Clinic. We are conceptualising psychotherapy broadly as meaning the individual contact between a person and their therapist that is organised in terms of time, place and purpose.

Apart from general concepts, we do not propose to define the detailed mechanisms involved in individual psychotherapy. The relationship with the individual therapist provides opportunity for more intensive private contact. In the context of this potentially more intimate situation, a person experiences being understood and goes through the process of attachment and separation. A therapist can be a person's supporter, confidant, limit setter, authority figure and represent for the person many figures from the past with whom there may be emotional links. In the context of the therapy process important emotions can be worked through and a person can learn to understand themselves with a new cognitive framework. The therapist can help a person make sense of feelings and situations that are occurring.

It is our belief that individual psychotherapy in our hospital setting is necessarily different from psychotherapy in an outpatient and therefore more isolated situation. A person's inpatient individual psychotherapy is part of his whole therapy process. During this one to one time, the many aspects of a person's functioning and behaviour in the community can be gathered together and worked with. Through life in the hospital a person's internal world is shown in his many interactions and behaviours, and through individual work he can use this information to have knowledge of his whole self. In this way the parts of a person's psychological functioning can be integrated.

A person sees their therapist in a variety of community situations outside of individual therapy. This has the potential to enrich individual contact. Interactions necessarily involve a broader spectrum, as the patient sees his therapist in groups, meetings or casual everyday situations. More information and more exposure to reality is available. This can influence a person's perception of the therapist and lead to a more soundly based relationship where distortions can more easily be identified.

Potentially also, this creates increased tensions in certain areas. A person is more exposed to issues of competition and the strong need for the therapist, for example, which can help create more material for the therapy as well at times as evoking strong difficult feelings for the patient to deal with. This concentrates the process of an individual's therapy.

The holding quality of the hospital community provides a person safety, where emotions evoked in therapy which might otherwise be too strong to bear, can be contained. The relatively more permeable boundaries of the individual therapy relationship enable interaction to be shared at times. This helps prevent the repetition of maladaptive ways of relating to a therapist which might otherwise block off important emotional reactions.

Because of the sharing of information and the wider availability of skills and knowledge in the hospital community, a person can discuss issues from their individual sessions with others. This can lead to further clarification of individual issues for a person, which they can then take back to their individual therapy.

Overall, it is our view that a person's individual therapy is potentiated by its immersion in the culture and processes of the therapeutic community.

☞ The Team Approach ☞

For the therapeutic processes already written about to function, the staff group at the Ashburn Clinic has to work together. The systems of staff teams are complex. We will attempt to define these systems structurally, identify broad philosophies and concepts of staff functioning and then attempt to define further the interrelations in the work of the ward staff team.

Trying to define the teams within the Ashburn Clinic diagrammatically proved to be an overly complex task. This seemed to be because of the number of differing teams and their fluidity. Certain core teams were apparent that provided the foundation for clinical functioning. Each of the three wards has a team consisting of the nursing staff and designated medical/therapist staff. In addition, each team has input from the wider staff hospital group (eg. other medical/therapist staff, occupational therapists etc). The full clinical team meets twice daily at the morning and afternoon tea meetings. This meeting provides an essential meeting place for the smaller ward clinical teams. Information is passed and all team members can have input into clinical and administrative matters.

The developing community team with representatives from three disciplines has links with all other clinical teams and with non-clinical staff. It meets daily and concentrates on structures and processes that affect the whole hospital community. It does not make decisions, but identifies and raises community issues in relevant settings.

Students from differing disciplines are assimilated into the clinical teams and become an integral part of the team functioning.

Kitchen staff, maintenance staff, garden personnel, domestic staff, office staff and administrative staff perform functions vital to the whole organisation, and have important formal and informal links with clinical staff and patients.

Team functioning is underpinned by certain broad philosophical concepts. A central need is that all staff as far as possible believe in, cooperate with and are committed to the underlying philosophy. This does not imply rigidity. An essential part of the philosophy is an openness to new ideas and change, a willingness to engage genuinely in healthy debate and self-reflection and the recognition that the ideal is never attained but constantly sought. All staff have the opportunity for input into future directions, and management ideally is by consensus. At the same time, it is acknowledged that hierarchy and authority exist. The effective delegation of authority and responsibility appears to be crucial to team functioning although certain responsibilities can not be shifted and must be taken. For all staff to work as a team there needs to be a basic respect for and good will to each other. This mutual respect involves allowing individual talents and weaknesses, and being able to challenge each other when necessary.

❧ The Ward Clinical team ❧

The small clinical team is the basic unit of clinical care. Each person within that team has defined roles and responsibilities. The team functioning depends on adherence to the philosophies outlined above. The team meets regularly. Clinical issues of individual patients, ward functioning, hospital functioning and matters within the team are discussed. Each person contributes from their own individual perspective and understanding. Management and ward administrative decisions are made, ideally by combined decision.

A patient at the Ashburn Clinic is likely to re-experience similar problem relationships in the hospital community, to those outside. Each staff member may come to represent an aspect of past relationships. In the team meeting, interaction from the personal responses to patients can be shared, allowing a fuller picture to emerge.

Because of nurses broader and more immediate involvement with individuals and the life of the ward, they bring to the team that particular perspective. Therapist staff contribute information and psychodynamic understanding from their individual therapy work and their intermittent contact with the ward. Medical staff provide a psychiatric formulation for patients and take responsibility for physical treatments. Occupational Therapy staff overlap at times with nursing staff in the ward but also have additional contact with people outside the ward setting. Occupational Therapists therefore may be seen as more neutral by the patients and receive a different quality of response.

This pattern of functioning together and the emphasis on communicating is also the basis of the way of working in the larger staff group, outside the small clinical team. Each individual contributes to the staff team with a perspective stemming from their training, experience and personality, assuming various aspects of their total role in different settings.

✧ Patient Rights and Responsibilities ✧

- Each person has the right to be treated as an individual and have their independence supported to the limit of their capability, and a responsibility to treat all community members likewise.
- Each person has a right to privacy and confidentiality except where the breaking of confidences is necessary for proper treatment.
- Each person has a right to expect as high a standard as possible of psychiatric treatment in line with the Ashburn Clinic's Statement of Purpose and Standards. Included in this is the right to proper clinical supervision.
- Patients are entitled to expect that they will not be exploited in any way during their time at the Ashburn Clinic.
- The Ashburn Clinic will strive to ensure as safe and as therapeutic an environment as possible. This includes the provision of comfortable accommodation and adequate nutrition.
- Case discussion, consultation, treatment and patient records are confidential between the patient and the staff at the Ashburn Clinic unless a patient gives consent otherwise. The patient is entitled to expect, however, that in line with competent medical practice, contact will be made with the referring agent and the person responsible for ongoing care at the time of the patient's discharge.
- Written consent is required before the release of information to any other party.
- Patients have a right and responsibility to be involved in their treatment, and participate in decisions that are made regarding them.
- Patients have a right and responsibility to participate as fully as possible in the hospital. To function, the hospital needs patient input in all areas.
- Patients are encouraged and have the right to raise concerns about their treatment or the hospital directly with staff. This can be done through ward meetings or directly with nursing and therapist staff. The Medical Director is always available to hear concerns and take action as appropriate. An advocacy service is available as outlined in the Welcome Material. You have a right to expect that the Ashburn Clinic will comply with the Health and Disability Commissioner Act 1994 and the Code of Rights.

❧ Additional Information ❧

ASHBURN OUTPATIENT SERVICES

Ashburn Outpatient Services offers a full range of out-patient psychiatric and psychotherapeutic services

All psychiatrists and psychotherapy staff have sessions in the Outpatient Service and are skilled in individual and group therapies.

Staff are also available to provide supervision for other therapists.

A staff roster for psychiatrists enables same day assessment for urgent referrals. Appointment times for urgent cases may be offered immediately by calling our receptionist desk. Less urgent appointments may be arranged by letter.

If an ACC-accredited counsellor is required, this should be specified at the time.

Referral may be made through a general practitioner or by another therapist who may wish to seek a second opinion.

THE GWEN WILSON AND FRANK HAY IN-PATIENT UNITS

Both of these inpatient units are 24 bed therapeutic communities facilitating the healing process for those suffering from all forms of psychiatric illness and situational crisis.

The process of healing involves active participation between patients and staff. The ward staff includes nurses, psychiatrists, an occupational therapist, and psychotherapists dedicated to the therapeutic community approach.

What does treatment mean in a inpatient unit? Your admission here will start with an introduction to your ward team and the larger community. During your initial two weeks this will include an assessment of your psychological and/or psychiatric needs, a physical examination by our GP and formulation of a treatment plan.

You will be encouraged to participate in the ward programme as well as becoming involved in the larger community. Treatment involves individual psychotherapy, group psychotherapy, and participation in community activities and meetings in ways which facilitate the healing process.

Our emphasis is on an individualised approach to treatment which maximises self development, self responsibility, and autonomy.

EATING DISORDER PROGRAMME

The Eating Disorder Programme incorporated in the Frank Hay Unit, specialises in the treatment of people with Anorexia and Bulimia. The programme runs in conjunction with the in-patient programme and utilises community activities and experiences to help people gain greater understanding of the issues underlying their disorder. A designated nurse from the Frank Hay Team is attached to this programme.

Specialised groups are offered to help patients address issues associated specifically with their eating disorders eg. a shopping and cooking group, and an education group that looks at issues of self-esteem, nutrition and social skills.

Individual and group time is spent exploring relevant issues through a variety of creative media.

Each person has an individual therapist. Group participation with people who have similar problems is a powerful and effective treatment modality.

A defined protocol guides weight restoration, and in combination with the programme and individual work, an environment is created for positive change.

THE JAMES HUME UNIT - DAY PSYCHOTHERAPY PROGRAMME

The James Hume day psychotherapy unit evolved from the need for a therapeutic environment in which people not requiring 24 hour nursing care could work on their life issues in a deeper way with the support of a group.

The experienced team consists of nursing staff, a psychotherapist, an occupational therapist and a psychiatrist. The programme runs Monday to Friday 8.30am-5.00pm and uses a variety of therapeutic modalities. The basic operating philosophy stems from therapeutic community principles of involvement, independent functioning and group work. Specific therapeutic groups to enhance interpersonal skills and personal development include small psychotherapy groups and other media groups, psychodrama/action methods and leisure activities.

Psychiatric consultation and therapy will continue at the Medicott Clinic as required.

The unit is housed in the main hospital building in pleasant comfortable living space with kitchen facilities and an outlook onto gardens and bush.

Entry to the programme is by referral from a health professional. People with a range of problems including depression, eating disorders, post traumatic stress disorders, addiction problems and anxiety disorders qualify for the programme, the essential thing being that 24 hour care is not required. Each person will need an assessment before being accepted into the programme.

ALEXANDER HOUSE RESIDENTIAL UNIT

Alexander House is a 17-bed accommodation facility (sited adjacent to and separate from the main hospital building) available to those in an active treatment programme; a full-time day programme, selected group or individual sessions or rehabilitation into the external community and employment.

The House is staffed part-time and offers a comfortable and homely environment as an adjunct to individual and group treatment programmes. To maximise the supportive potential of this environment, structures and guidelines are set in place which include opportunities to explore and work with attitudes around responsibility:

- for oneself and treatment goals
- to individuals and the group within which one lives
- for the living space
- to the wider hospital community

Alexander House is about living, working and having fun together. House meetings are held regularly and attend to intake criteria, allocation of household tasks, group recreation and pastimes, house issues, and offer opportunities to be included in the hospital-wide functioning.

Two pleasant living areas and a well-equipped kitchen provide space for relaxing or sharing a meal together.

Admission & Referral

Admission to all units, including Ashburn Outpatient Services, is generally arranged through a health professional, often a doctor, counsellor or private psychiatrist. Urgent admissions may be arranged by telephone, but less urgent arrangements may be concluded by letter.

In certain circumstances, funding for certain illnesses may be available through a Government agency, please contact us for up to date information, as this changes from time to time. Referral would usually need to be via your local public hospital. Inquiries should be made to the unit concerned before admission at the Ashburn Clinic is accepted.

Contact information

For further information about any of the Ashburn Clinic's services, please feel free to call us on (03) 476 2092, fax us at (03) 476 4255

or write to: The Medical Director, The Ashburn Clinic, Private Bag 1916, Dunedin.

Website <http://www.ashburn.co.nz> Email ashburn@ashburn.co.nz.

All inquiries will be treated in strict confidence.